

PUBLIC HEALTH – SEATTLE & KING COUNTY
Eastgate District Health Center
14350 SE Eastgate Way
Bellevue, WA 98007-6458
(206) 296-4932

APPLICATION TO CHANGE DESIGNER OF RECORD

To Be completed by the New Designer of Record

Fee = \$173.00

Site Application Record I.D. Number: _____

Parcel Number:

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Lot Number: _____ Block Number _____ Division Number _____

Site address: _____
(As appears on site application)

Owner's Name _____
(Please Print)

Previous Designer of Record: _____ D.O.L. License/Registration # _____
(Please Print) (Not Company name)

New Designer of Record: _____ D.O.L. License/Registration # _____
(Please Print) (Not Company name)

Through person field observations of the above site on _____, 200____, I verified that this site meets the criteria of the original approved site design. Based upon this inspection, I accept full responsibility as designer of record for the site referenced above.

Attachments:

☐ A letter from the property owner, stating that he/she is discharging the named designer of record and naming a new designer of record. The letter is to include the address and parcel number of the subject property and the record I.D. number of the subject activity. A copy of this letter has been forwarded to the previous designer of record.

(Designer's Signature) (Date)

FOR HEALTH DEPARTMENT USE ONLY

☐ Application is Complete: _____ By: _____
(Date)

☐ Application is incomplete: _____ By: _____
Do not enter new Designer (Date)
of Record

Comments/Conditions: _____

Date Received
